

P97000099748

Michael D. Talerico  
Unit 101, 1800 Australian Avenue South  
West Palm Beach, Florida 33409

November 17, 1997

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

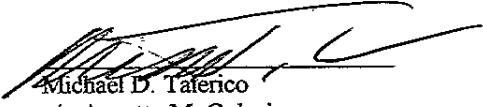
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\*\*\*\*\*122.50 \*\*\*\*\*122.50

SUBJECT: Delta Health Systems, Inc.

Dear Sir/Madam:

Enclosed please find an original and two (2) copies of the articles of incorporation and a check for \$122.50 in payment of the filing and certified copy fees. I have enclosed a return, self-addressed stamped envelope for your use in returning the certified copy to me. Thank you for your assistance with this matter.

FROM:

  
Michael D. Talerico  
c/o Annette M. Colacicco  
123 Glasswycke Drive  
Glassboro, New Jersey 08003  
(609) 751-2385

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97 NOV 20 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 11-24-97

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

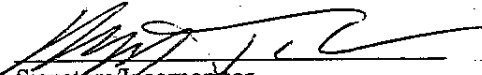
ARTICLE I: The name of the corporation shall be: DELTA HEALTH SYSTEMS, INC.

ARTICLE II: The principal place of business and mailing address of this corporation shall be:  
Unit 101, 1800 Australian Avenue South, West Palm Beach, FL 33409.

ARTICLE III: The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares common stock.

ARTICLE IV: The name and Florida street address of the initial registered agent is:  
Michael D. Talerico, Unit 101, 1800 Australian Avenue South, West Palm Beach, FL 33409.

ARTICLE V: The name and address of the incorporator of these Articles of Incorporation are:  
Michael D. Talerico, Unit 101, 1800 Australian Avenue South, West Palm Beach, FL 33409.

  
Signature/Incorporator

11/17/97  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature/Registered Agent

11/17/97  
Date

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TALLAHASSEE, FLORIDA